

# Priority Area: Injury

National Priority Area     State Priority Area     Emerging State Topic

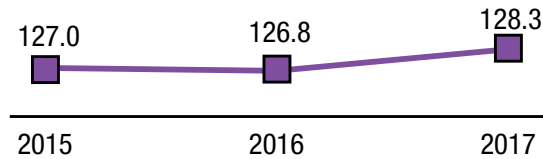


## Significance of the issue

Unintentional injury is the leading cause of death for children ages 1 through 11. For those who survive severe injuries, many will have lasting challenges such as disability and chronic pain. Education, stronger laws, and safer environments can prevent and reduce serious injuries. Effective strategies, such as increasing knowledge and changing attitudes and behaviors, passing and enforcing legislation and policies that encourage safe behaviors, and changing the design of products and the environment, can prevent many injuries and improve the quality of life for children and adolescents, as well as their families.

## National performance measure

**Figure 1. Rate of hospital admissions (per 100,000 population) with a primary diagnosis of unintentional or intentional injury among children, ages 0 through 9 (excludes in-hospital deaths), Oregon**

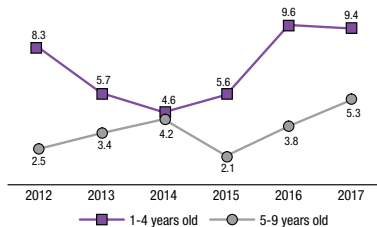


Source: Oregon Hospitalization Data

## Health Status Data<sup>1</sup>

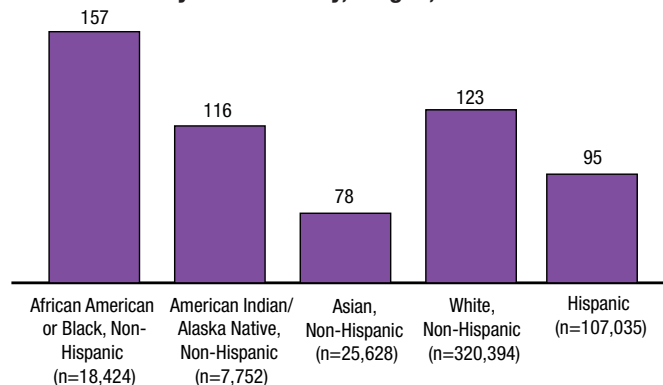
- » In Oregon, from 2016-2018, the top five types of injuries requiring hospitalization among 1- to 11-year-olds were poisoning (1,139), falling (673), all transport-related injuries (347), natural/environmental (128), or being struck by or against a person or object (66).
- » In Oregon in 2017, all transport-related injuries had the highest injury death rate for 1- to 4-year-olds (5.9) and 5- to 9-year-olds (3.2).

**Figure 3. Unintentional death rate (per 100,000 population), by age, Oregon, 2012-2017**



Source: Oregon Center for Health Statistics

**Figure 2. Rate of hospital admissions (per 100,000 population) with a primary diagnosis of unintentional or intentional injury among children, ages 0 through 9, by race/ethnicity, Oregon, 2017**



Source: Oregon Hospitalization Data

## Context for the issue in Oregon

Child injury was not one of Oregon's selected Maternal, Child, and Adolescent Health (MCAH) Title V priorities for 2016-2020. However, work to reduce child injuries has continued to be a focus of state Maternal and Child Health (MCH) including home visiting programs, as well as other Oregon partners, during this period.

### Successes

- [Senate Bill 526 \(2019\)](#), makes Oregon the first state in the country to offer a universal home visiting program for all

<sup>1</sup> Oregon Health Authority. Oregon Hospitalization Data.

newborns and their families, including children who are adopted or fostered, serving families with public and private insurance coverage.

- [House Bill 3273 \(2019\)](#), provides easier ways to get rid of excess pharmaceuticals to prevent accidental poisonings.
- [Senate Bill 52 \(2019\)](#), Adi's Act, requires school districts to develop plans to prevent youth suicide.
- In 2019, Oregon MCH staff collaborated with Oregon Safe Kids to support state and local injury prevention through analysis and interpretation of child injury and death data.

### **Challenges**

- Services and programs for school age and older children are limited statewide.
- Local and state child fatality review teams have limited capacity and resources.
- There is no designated funding to support prevention and health promotion in child care settings.

### **State and local efforts**

- Oregon's home visiting programs offer parent education and support, assessments of the home environment and connections to resources and services for families with infants and toddlers.
- The MCH Section partners with Oregon Safe Kids to analyze hospital discharge and death data to identify trends and opportunities to reduce child injury and improve child health.
- The MCH Section partners with the Injury and Violence Prevention Program (IVPP) and the Department of Human Services to staff the State Child Fatality Review Team.
- While not one of Oregon's 2015-2020 selected priorities, several counties have elected to use their flexible Title V funds to address child injury topics such as safe sleep, car seat safety, and reducing infant mortality.

### **Partner alignment**

- Oregon's child care rules have been updated to include much stronger safety requirements and training for providers to prevent sleep related deaths in child care settings.
- The MCH and IVPP sections have engaged key stakeholders from state education, early learning and emergency medical services to participate in the State Child Fatality Review Process.

## **Needs assessment results**

### **Environmental scan**

- In an environmental scan of community health needs assessments, injury was the second least mentioned need of the five possible child health national priority areas.

### **Partner survey**

- In a statewide survey of partners, child injury was the least selected of the five national priority areas in the child health population domain.
- It was rated lowest of five within the child health domain by partners in health impact, potential to effect health equity, and impact of applied resources.
- It was rated second lowest priority among partners who serve American Indian/Alaska Native, Asian, African American or Black, Native Hawaiian/Pacific Islander, immigrant, and LGBTQ+ communities. It was rated lowest priority among partners who serve individuals with disabilities.

### **Community voices**

- Child injury was rated lowest of the five child health priority areas among African American or Black, Latinx, immigrant/refugee, and rural families.

**Oregon**  
**Health**  
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